

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10811830</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		2					
24		2					
25		2					
26		2					
27		2					
28		2					
29							
30							
31							
32							
33							
34							
35		6					
36		1					
37		1					
38		1					
39		9					
40		9					
41		9					
42		9					
43		9					
44		0					
45		9					
46							
47							
48							
49							
50							
TOTAL IND.	11						
TOTAL DEP.	81	←	←	←	←	←	←
TOTAL CLAIMS	92	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL IND.							
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]